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1. Policy, programme or project name *(Also note previous name if it has changed since last assurance review)*	**3Ts Programme, Brighton & Sussex University Hospitals NHS Trust**
2. Change driver *(Primary reason for change)*	**Operational Business Change**
3. Programme/project type	**2. Property/construction enabled business change**
4. Objectives and expected benefits	• *Replacement of Trust's oldest estate (180 years old) containing 200 medical and care of the elderly beds (with average of less than 10% single rooms), the hospital's main imaging department and other diagnostic and treatment facilities;* • *Relocation of neurosciences from another Trust campus to the main acute site and expansion of capacity to treat all patients in catchment;* • *Establishment of a Level 1 Trauma Centre;* • *Expansion of Sussex Cancer Centre to provide capacity to treat all patients in catchment within Sussex Cancer Network framework;* • *Provision of facilities for Medical School teaching & research.* *Key Benefits* • *Provision of modern, fit for purpose accommodation for Brighton & Hove residents;* • *Neurosciences services able to treat Sussex patients closer to where they live and work (many currently travel into London);* • *Major trauma patients treated within the region (currently taken to London);* • *Non-surgical cancer services expanded (many patient have to travel into London);* • *Radiated benefit of enhanced teaching and training facilities (across all acute providers in Kent, Surrey and Sussex).*
5. Department, Agency, or NDPB name & parent department name (if applicable)	**Name: Brighton & Sussex University Hospitals NHS Trust** **Parent Dept: Department of Health**
6. Contact Details: **Senior Policy Owner (SPO)** *(for Starting Gate)* **Senior Responsible Officer (SRO)** *(for existing project or programme)*	**Name: Duncan Selbie, Chief Executive, Brighton & Sussex University Hospitals NHS Trust** **Address: Trust HQ, Royal Sussex County Hospital, Brighton.** **Telephone No. 07802-583891** **Email: Duncan.selbie@bsuh.nhs.uk**
7. Policy/Programme/Project Manager details	**Name: Duane Passman, 3Ts Programme Director** **Address: 3Ts Programme Office, 3rd Floor, Sussex House, 1 Abbey Road, Brighton. BN2 1ES** **Telephone No. 07802-787589** **Email: duane.passman@bsuh.nhs.uk**
8. Primary contact point for administration of assurance reviews	**Name: Anna Barnes, Assistant Director of Governance** **Address: 3Ts Programme Office, 3rd Floor, Sussex House, 1 Abbey Road, Brighton. BN2 1ES** **Role: Assistant Director for Governance and Head of Programme Office** **Telephone No. 07920-545544** **Email: anna.barnes@bsuh.nhs.uk**
9. If a programme, please list names of the constituent projects. **If a project, please give name of the over-arching programme.**	• **Construction of new healthcare facilities at Royal Sussex County Hospital;** • **Establishment of Level 1 Trauma Centre for the South East Region;** • **Repatriation of patient activity for neurosciences;** • **Repatriation of patient activity for non-surgical cancer services.**
10. Costs *(Indicative estimate or as defined in latest business case)*	**Capital: £410m** **Operational (Running costs): £22.9m (once Stage 2 opened)** **Whole life: £475.3m** **Business Case Status: Refreshed OBC Submitted to SHA May 2011**
11. Expected duration (yrs) of major contract or service (if known & appropriate)	**Build phase duration 10 years**
12. Next planned review	**Gate 1: Refreshed Gate 1 Review Booked for 5-7 October 2011 (previous Gate 1 Held in August 2009)**
13. Requested start date for next review *Assume Starting Gates will take place 6 to 8*	**Week Commencing Date:**

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weeks after the Assessment Meeting. Assume 10 to 12 weeks after the Assessment Meeting for all other MPA assurance reviews	
14. Overall Assessment *Derived from Table C*	**Medium**
15. Date of previous assurance review & ID No.	**Type of Review: Gate 1** **Date: August 2009** **ID No.**
16. Name of responsible Minister	
17. RPA approved by SPO *(for Starting Gate)* or **SRO** *(for other type of assurance review)*	**Name:** **Duncan Selbie** **Date: 20 June 2011**
18. Validated by organisation's Portfolio Manager or an equivalent e.g. Head of PPM Centre of Excellence	**Name:** **Date:** **Role:** **Email:** **Tel. No.**
19. Departmental Assurance Co-ordinator (DAC) *NB. Previously the DGC*	**Name:**
20. RPA Version No. & Date	**Version No.** **1.0** **Date: 16 June 2011**

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Risk Potential Assessment
Guidance for Completion of the RPA

What is the RPA for?

This version of the Risk Potential Assessment (RPA) is designed to provide a standard set of high-level criteria for assessing the strategic risk potential of programmes and projects, and of emerging policies and initiatives that are expected to be delivered through a programme or project in the future.

The RPA is used to initiate a Starting Gate, a Project Assessment Review (PAR) or an OGC Gateway™ review, by helping to determine who should arrange and manage a review and decide on the make-up of the review team. This RPA replaces the earlier 2009 RPA previously used only for OGC Gateway reviews.

Once agreed the completed form should be sent to the **Departmental Assurance Coordinator (DAC)[1]** for onward transmission to the Cabinet Office Major Projects Authority (MPA), where appropriate.

This assessment is an indicator of risk potential and is not an exhaustive risk analysis model. However, it can be the starting point for a more exhaustive risk assessment. The RPA enables a conversation to be had about the risks and responsibilities for delivery of a programme or project, and its visibility, reporting and assurance in a wider portfolio management context. The RPA can also help to identify areas where specific skills sets, commensurate with the level of programme or project complexity, may be required.

How to complete this RPA

Assurance reviews are applicable to a wide range of change programmes and projects, including policy driven, business, property/construction, ICT enabled or procurement/acquisition-based change initiatives.

The RPA should be completed as early in the life of a change initiative as possible, e.g. when policy is being formulated or to support the development of the Integrated Assurance and Approval Plan (IAAP). The RPA should subsequently be reviewed before its use to initiate all MPA assurance reviews.

The RPA requires the Senior Policy Owner (SPO) or Senior Responsible Owner (SRO) or Project Executive, to consider the initiative from two perspectives: firstly through a strategic assessment of the Consequential Impact, should the programme or project fail to deliver its objectives or outcomes (see Table A); followed secondly, if appropriate, by an assessment of Complexity (see Table B).

Each table is made up of a series of assessments, with the result indicated by marking X in the appropriate box between VERY LOW (VL) and VERY HIGH (VH). These assessments are made using the knowledge and judgement of the SPO/SRO and policy/programme/project team, and should be considered in the light of the strategic context for the initiative. Examples have been provided as a guide to what might be considered as VL or VH assessments. For each assessment a short explanatory note of the reasoning for each mark should be given (where appropriate) in the text box to provide an audit trail of the considerations.

Table A – Consequential Impact Assessment

Having considered each **Strategic Impact Area** an overall assessment is required to determine the Consequential Impact Assessment. This is based on the holistic assessment of all five areas in total; there is no formula or calculation involved. The overall assessment should be shown by an **X** in the final (pink) section of Table A.

An explanatory note **must** be given in the text box provided to give the reasoning for the overall assessment.

During policy development, when assurance may be provided through a Starting Gate or equivalent review, completion of only Table A is required. Only the Overall Consequential Impact Assessment mark should be entered in Box 14 on the cover sheet. If this assessment indicates that the impact is **MEDIUM or above**, the RPA should, after agreement of the SPO, be submitted to the DAC.

For existing programmes/projects if, after completing Table A, the Overall Consequential Impact Assessment is considered to be **VERY LOW,** completion of Table B is **optional** and the completed RPA can be sent to the DAC, who will discuss with the programme/project what assurance activity might be most appropriate.

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[1] This role was previously called the Departmental Gateway Coordinator (DGC) but with expansion in the range of assurance reviews available, the original role name is no longer accurate. In some organisations Departmental Gateway/Assurance Coordinator will be somebody's job title; in others someone with a different job title will fulfil the DAC function.

Risk Potential Assessment

Table B – Complexity Assessment

If the Consequential Impact Assessment (Table A) is assessed as **greater than VERY LOW,** completion of the Complexity Assessment (Table B) is **required**. The approach for Table B largely follows the same format as for Table A, but for convenience is broken down into four **Complexity Areas**.

Having assessed each factor in each of the four complexity areas, an assessment is then required to determine a summary assessment for each area. Again an **X** should be marked in the appropriate (yellow) score box for each complexity area and an explanation given in the notes box.

At the end of Table B there is a (yellow) table headed **Complexity Assessment Summary** where the area summary assessment results should be recorded.

Consideration should now be given to reaching an **Overall Complexity Assessment** for the initiative, based on the four area assessments. Again, there is no scoring or formula for determining this; it is the policy/programme/project team's holistic assessment.

The Overall Complexity Assessment is recorded in the final (green) section of the Complexity Assessment Summary with an **X** marked in the appropriate box. **An explanatory note must be provided** to support the overall complexity assessment for audit trail purposes.

Finalising the Risk Potential Assessment

As the environments in which programmes or projects operate will vary, there may be other aspects that might not be covered by the RPA which affect the impact and/or complexity assessments in this form. These additional aspects, if considered material to the overall impact and/or complexity assessments, should be reflected with explanatory notes in the overall assessments in Tables A and B respectively.

Having completed the Consequential Impact Assessment (Table A) and the Complexity Assessment (Table B), the overall **Risk Potential Assessment** for the programme or project is determined by plotting the respective assessments on Table C.

Using the overall results from the Consequential Impact and Complexity Assessments and the respective axis of Table C, mark an **X** in the appropriate cell where the two assessments intersect. This will then indicate what level of review may be required, as suitable for the Low, Medium or High Risk level of the initiative. **The overall level of review (L/M/H) should then be noted in Box 14 on the cover sheet of the RPA.**

The SPO or SRO (as relevant) must agree the completed RPA, after which the completed RPA should then be sent to the DAC, who in turn will copy it on to the organisation's Portfolio Manager (or an equivalent e.g. Head of Centre of Excellence), for validation.

For all submissions the Portfolio Manager (or equivalent) should independently validate the RPA and be satisfied that it fairly reflects the initiative's strategic profile within the organisation's overall change portfolio. If the RPA is deemed by them to be inaccurate, a discussion with the SPO/SRO should be held to reach a consensus.

Using the RPA for assurance purposes

Once an RPA is agreed the DAC will instigate the assurance review process by arranging an **Assessment Meeting**. There are lead times between the Assessment Meeting and the review itself (see below Table C) which depend on a number of factors; your DAC can offer advice on those lead times.

PLEASE NOTE: It may not be possible for the MPA to organise a review at shorter notice, based on limited availability of reviewers.

The initial RPA assessment will normally be used throughout the life of the integrated assurance and approval process, even though the risk potential might decline as the programme/project progresses through the change lifecycle. Should the RPA marking increase, the higher assessment may take precedent. Departments, Agencies and NDPBs, in discussion with the MPA, should undertake periodic reviews of their portfolios to ensure a consistent and appropriate use of the RPA in setting risk levels, and hence the appropriate assurance regimes.

The RPA will also be reviewed at each Assessment Meeting to ensure there have been no material changes since it was completed. Following the Assessment Meeting the constitution of the review team and duration of the review will be determined.

For further information see contact details on last page.

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Table A
Consequential Impact Assessment

A strategic assessment of the consequential impact should the initiative fail to deliver its objectives to time, cost or quality

Strategic Impact Area		Very Low	Low	Med	High	Very High	
A1. Political	None, or unlikely to have any political interest.			X			As a prerequisite for major policy initiative or manifesto commitment, a high level of on-going Ministerial or political interest. Likelihood of PAC, or equivalent strategic body, interest.
Explanatory Notes **(Completion mandatory)**	The programme has a regional and sub-regional impact in the NHS South East Coast Region. It is not a pre-requisite for a manifesto commitment.						
A2. Public	No public service impact. No information security or environmental implications. No interest from external pressure groups likely.			X			Significant public or business interest, e.g. related to information security, or to environmental issues. High degree of interest from pressure groups or media. Involves contentious change.
Explanatory Notes **(Completion mandatory)**	Public interest would be limited to local groups in the Brighton/Sussex area. The Trust has undertaken significant public engagement and consultation with local residents, local amenity groups, the Local Planning Authority patient groups and the wider public. There is currently no significant opposition to the proposals.						
A3. Financial	Little or no exposure of public funds or additional financial burden. No financial impact from environment or social costs. Limited or no savings to be delivered.			X			Very significant financial exposure of public funds, or additional financial burden. Significant financial impact from environmental or social change. Will, or likely to, require HM Treasury financial approval. Very significant savings expected to be delivered.
Explanatory Notes **(Completion mandatory)**	The cost of the redevelopment programme and consequent revenue consequences are relatively high in organisational terms but not in whole-Government terms. There is no expected significant environmental or social change anticipated. The capital cost of the project will require HMT approval. Significant savings are not delivered but significant patient experience improvements will be.						
A4. Operational business and commercial change	Low priority, limited impact on the organisation's administration, operations or staff. No impact on third party organisations. No changes to regulatory requirements.		X				Departmental priority, addressing high profile business issue. Essential to fulfil legislative/legal requirements. Significant impact or additional burden on business or staff, on external commercial markets, regulations or trade. The change is novel or contentious.
Explanatory Notes **(Completion mandatory)**	There is limited impact at Departmental level. The change proposed is neither novel nor contentious and there is limited impact above the sub-regional level.						
A5. Dependencies	Stand alone - no dependency on, or for, other change initiatives, programmes or projects.	X					Highly dependent on other legislation, programmes, projects or change initiatives for its successful delivery, and/or vice versa.
Explanatory Notes **(Completion mandatory)**	There is no dependency on other programmes or projects.						
Overall Consequential Impact Assessment							
A6. Little or no impact on the public, political		VL	L	M	H	VH	Very high impact on the public,

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stakeholders, public finances, operational business or dependent programmes/projects			X			political stakeholders, public finances, operational business or dependent programmes/projects

Explanatory Notes (Completion Mandatory)
There is impact at the sub-regional level. There will also be impact at the organisational level. However, this is not novel or contentious as a programme overall. It is in line with other major capital developments and business process change (establishment of a Major Trauma Centre) currently being undertaken elsewhere in the NHS. The Trust is also liasing closely with other NHS organisations involved in such change to ensure that lessons learnt are imported.

Table B
Programme/Project Complexity Assessment
An assessment of the complexity factors that may affect the achievement of the programme/project objectives

B1Strategic Profile		Very Low	Low	Med	High	Very High	
B1.1. Political	No political involvement or not requiring any special handling or additional engagement.		X				Multiple political interests requiring handling. Political agenda changing, unclear direction or increasing opposition. External political interests involved e.g. EU.
Explanatory Notes	No external political interests. Main political involvement being handled by local engagement and through DH. No special handling required but there is ministerial interest.						
B1.2. Public	No or very low public profile. No change in public interest or service provision. No interest from external pressure groups.			X			Very high public profile, significant interest from public and/or from active pressure groups/media. Complex external communications.
Explanatory Notes	High public profile in Brighton & Hove, with lower profile at regional level. Public engagement has been extensive and is overwhelmingly supportive. There is currently no major significant opposition to the proposals. English Heritage (as a statutory consultee) have been fully engaged and are supportive.						
B1.3. Business performance	No significant change to the organisation's business. No change to the operation of external bodies.			X			Very high business performance profile. Changing demands or expectations of performance or staff or behaviours. Significant increase in delivery status expected.
Explanatory Notes	The establishment of the Major Trauma Centre and the expansion of neurosurgery and cancer services are medium to high impact and complexity. However, the majority of the change management relates to local services and provides increased privacy and dignity for patients, which is a lower complexity business change. The overall assessment is therefore medium complexity.						
B1.4. Organisational objectives	No links to strategic targets or published performance indicators. Strategic status (portfolio position), mandate and objectives clear, stable and unlikely to change.			X			Critical link to delivery of key strategic objectives and/or published targets. Strategic status, mandate or objectives likely to change.
Explanatory Notes	The main links relate to the need to eliminate mixed sex accommodation which will be greatly assisted by the build project. The establishment of the trauma centre is linked to strategic policy objectives in the regional and national NHS programmes.						
Strategic Profile	**Strategic profile low,**	VL	L	M	H	VH	**Strategic profile very high**

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summary assessment	changes unlikely to threaten objectives			X			and changes highly likely to threaten achievement of objectives

Explanatory Notes (Completion Mandatory)

The Strategic profile is assessed as being of medium ranking – this is a regional and sub-regional programme of change, with the most significant being the establishment of the Major Trauma Centre.   The objectives of the programme have been well trailed and there is overwhelming public support and local political support for the programme.

[Note: Record summary assessment mark to Complexity Assessment Summary table below]

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Table B
Programme/Project Complexity Assessment
An assessment of the complexity factors that may affect the achievement of the programme/project objectives

B2 Delivery Challenge		Very Low	Low	Med	High	Very High	
B2.1. Policy/Legal	No legal matters or legislation involved. Policy and legal implications fully understood, aligned and stable. Policy development assurance review (e.g. Starting Gate or equivalent) undertaken.		X				Affects complex, multiple or cross-border jurisdictions. Legal, legislative or cross organisational policy unclear or changes and challenges highly likely. No policy development reviews undertaken.
Explanatory Notes	This does not relate to creation of policy. All policy matters fully understood and taken account of in programme planning. Only legal issue relates to ensuring process of seeking Full Planning Consent is robust and cannot be subject to challenge – otherwise this ranking would have been very low rather than low.						
B2.2. Security	No security or public data handling implications.	X					Significant national security or public data handling issues or requirements.
Explanatory Notes	There are no security or public data handling implications as part of this programme.						
B2.3. Requirements for business change	Stable business, no significant changes envisaged to requirements. Implications established of wider strategic changes, e.g. green agendas, sustainability. Clearly defined, agreed measurable outcomes. Limited change to business operations.		X				Multiple, interdependent and complex requirements that are dependent on wider emerging or change initiatives e.g. sustainability. Extensive change to business operations or additional information reporting requirements. Significant unplanned changes to business requirements or outcomes likely to be imposed or required.
Explanatory Notes	Implications fully understood. Wider strategic agendas fully integrated. The most significant change is the creation of the Major Trauma Centre and the repatriation of limited patient activity from London. However, the implications are well understood.						
B2.4.Technology development, production and/or techniques	Involves no new or novel technology development, implementation, production, products, tools or techniques. Extensive previous use of development and/or production techniques.	X					First or extensive use of leading edge, novel or innovative technology. High degree of design, build or implementation complexity or uncertainty. Technology or methodology likely to be subject to major changes.
Explanatory Notes	The build component uses fully integrated Building Information Modelling, but this is hardly novel or contentious. The Trust's Principal Supply Chain integrator (Laing O'Rourke) are well versed in hospital construction.						
B2.5. Commercial and supplier delivery	Established contracts or existing frameworks to be used. Commercial environment stable. Experienced sector	X					Complex or innovative commercial arrangements. Supplier market limited and/or very specialist. Multiple suppliers or complex/volatile

	Low					High
	suppliers. Single supplier or short supply chain.					supply or logistical chain.
Explanatory Notes	The DH ProCure 21 framework is being used. Commercial environment stable. Laing O'Rourke is well versed and experienced in hospital construction.					
B2.6. Financial provision	Funding from within organisation budgets, no influence from economic climate. Supplier's funding all in place.			X		Complex cross-organisational funding arrangements. Funding not agreed or in place. Third party or supplier funding not in place. Economic conditions likely to affect funding options or availability.
Explanatory Notes	Funding is sought from within DH Capital DEL so lies outwith direct organisation funding ability and is therefore subject to HM Treasury approval, but there is no further complexity than that.					
B2.7. Governance and programme/project management	Straightforward and stable governance structure. Recognised formal PPM methodologies in use. Key post holders in place.	X				Complex or multi-faceted governance or management structures. Governance, management structures or key post holders likely to change.
Explanatory Notes	Key post holders in the Trust and PSCP have been stable since August 2008 and no change is anticipated or planned. Governance structures are straightforward and stable.					
B2.8. Stakeholders	Single stakeholder community, fully bought-in. No expected change in stakeholder environment or from agreed requirements and outcomes.			X		Complex stakeholder community. Stakeholder environment volatile or with significant external change factors.
Explanatory Notes	This is rated medium due to the changes in NHS organisational structures which are due to take place over the next 2-3 years. However, there is significant continuity in individuals within the changing structures so there is so significant volatility currently. This could have been rated as low, but was rated as medium for prudence.					
B2.9 Dependencies	Stand alone, no or few dependencies on or for other programmes or projects. All statutory approvals or authorisations in place.			X		Complex dependency relationships with other initiatives or organisations. Significant external statutory authorisations or approvals (e.g. legislation, financial approvals, planning consent etc) remain outstanding or require explicit management. Dependencies changing or conflicting and/or coordination increasingly challenging.
Explanatory Notes	This is rated as medium only because OBC approval will only be granted by DH when a Full Planning Consent for the build project is granted.					
B2.10. Change and implementation	Single or co-located programme/project and supplier teams; single site delivery. No conflicting internal business change issues to affect change. Simple acceptance and	X				Complex national or international delivery environment. Changing or uncertain implementation, cultural or physical challenges to changes likely or expected. Big bang implementation. Complex

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	cut-over issues. No "big bang" delivery. Change and benefits management fully embedded.						testing and cut-over issues.
Explanatory Notes	The project team and supplier team and co-located for most of the working week. Change and benefits management fully embedded. Careful planning is being given to the transitional period whilst the construction is underway.						
Delivery Challenge summary assessment	**Challenges to deliver are very low and change is unlikely to threaten objectives**	**VL**	**L** **X**	**M**	**H**	**VH**	**Very high degree of challenge and changes are highly likely to threaten achievement of objectives**

Explanatory Notes (Completion Mandatory)

Challenges to delivery are well understood and being managed. The main issue for resolution (so that approvals can be granted) is the securing of a Full Planning Consent. The Trust has undertaken significant consultation locally on this and has been engaged in a substantial pre-application engagement with the Local Planning Authority. There appear to be no particular outstanding issues in relation to this.

[Note: Record summary assessment mark to Complexity Assessment Summary table below]

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Table B
Programme/Project Complexity Assessment

An assessment of the complexity factors that may affect the achievement of the programme/project objectives

B3 Capacity and Capability		Very Low	Low	Med	High	Very High	
B3.1. Programme or project team	Fully resourced and skilled team. Stable team, no recruitment issues. Specialist support (e.g. commercial, legal) in place or available when required. Experienced with similar change or technology projects.	X					Personnel resources or funding not available when required. Significant resource changes likely leading to skill gaps or disruption to key posts. No previous experience with similar change or technology.
Explanatory Notes	Trust team and supplier team stable since August 2008. All advisers in place across both teams. All senior decision-makers have extensive experience in projects of this nature.						
B3.2 Stakeholders and organisation	Fully resourced and skilled, available when required. Open to and comply with change. Common and accepted priority across an engaged stakeholder community.		X				Key resources or skills lacking or unavailable when required. Changing environment. business priority is low, inconsistent or changing. Significantly differing priorities between stakeholder groups.
Explanatory Notes	Requisite skills and experience in place with key stakeholders. Letters of support for the project are in place from all key stakeholders. Programme delivery is seen as an accepted priority and has been since early 2008.						
B3.3. Suppliers (internal or external)	Experienced, strong and stable market or suppliers. Supplier resources skilled and available, with ongoing support and commitment.	X					No, weak or overstretched market - unlikely to meet demand. Suppliers unable to sustain support, withdraw, or cannot meet requirements.
Explanatory Notes	Laing O'Rourke has a strong supply chain in place who are experienced in major healthcare facility design and construction.						
B3.4. Strategic leadership and business culture	Good capacity, continuity and experience in leadership roles. No unforeseen organisational pressures. Open culture for change, no staff or trade union concerns.	X					Strategic leadership subject to change. No previous responsibility for or direct experience of change of similar magnitude or complexity. A challenging cultural, staff or workload environment.
Explanatory Notes	Trust Board has had a stable membership for at least 18 months. There are no staff or Trade Union concerns in relation to this programme. All key players have significant experience in the development of major investment programmes and projects.						
Capacity & Capability summary assessment	Capacity and capability in place and change unlikely to threaten objectives	VL X	L	M	H	VH	Significant capacity or capability issues. Changes highly likely to threaten achievement of objectives
Explanatory Notes (Completion Mandatory)							

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The Trust and its Supply Chain Partner have stable leadership which has been in place since this phase of the project started in August 2008. There are no planned changes envisaged to this. Key stakeholders, staff and Trade Unions are overwhelmingly supportive. The strategic leadership of the health economy are fully engaged in the programme.

[Note: Record summary assessment mark to Complexity Assessment Summary table below]

Risk Potential Assessment

Table B
Programme/Project Complexity Assessment
An assessment of the complexity factors that may affect the achievement of the programme/project objectives

B4 Scale		Very Low	Low	Med	High	Very High	
B4.1 Time	Timescales not challenging, no external drivers. No imposed changes expected to the agreed schedules. Contingency available and tested business continuity plans.			X			Schedules very challenging. Immovable deadlines. Major changes to deadlines or imposed deadlines likely to occur. Very limited or no contingency or contingency options available.
Explanatory Notes	Timescales have a degree of challenge within them to ensure progress is maintained. There are limited contingency plans relating to the replacement of the outdated ward accommodation. The main drivers behind change will be the time taken to secure external approvals.						
B4.2 Budget	Budgets within delegations and local control. Costs relatively small to overall organisational programme/project spends. Budgets agreed and stable. Appropriate financial management systems established. Change management system in place.			X			Budgets outside organisational spend delegations. Cost estimates subject to significant pressures from ongoing or expected change. Costs are significant, relative to the organisation's programme/project spend. Financial management system not in place or audited. Cross organisational/ multi-faceted funding with complex financial control and reporting.
Explanatory Notes	The capital budget is outside the delegated authority of the Trust and DH. However, the capital cost has been stable for some time with minor change absorbed within the optimism bias assessment. Budgets to support the internal team are in place and supported by the health economy. Appropriate change management systems and governance are also in place.						
B4.3 Benefits	Benefits relatively small. Benefits easily and clearly defined, owned, measurable and achievable. No expected changes which might increase scale of benefits.		X				Magnitude of benefits significant. Complex benefits realisation challenges. Changing benefits management environment or realisation responsibilities. Achievability of benefits in doubt. Difficult to measure.
Explanatory Notes	Benefits assessment and realisation processes have been embedded in the programme since early 2009. Work is currently underway to examine monetisation of benefits in line with recent HM Treasury guidance.						
B4.4. Quality	Quality requirements clear, easily achievable and stable.		X				Quality targets extremely challenging, likely to change significantly, or hard to achieve.
Explanatory Notes	Quality requirements (increase in numbers of single rooms, increase in access for local people to neurosciences, trauma and cancer services) have been stable since early 2008.						

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Scale summary assessment	Small scale, changes unlikely to threaten objectives	VL	L	M X	H	VH	Very large scale, and changes highly likely to threaten achievement of objectives

Explanatory Notes (Completion Mandatory)

This element is assessed as being medium in regards to scale given that delivery of the programme is mainly controlled by the rate at which external approvals to the capital sought can be achieved and the fact that these must be secured ultimately from organisations who cannot be directly influenced by the Trust.

[Note: Record summary assessment mark to Complexity Assessment Summary table below]

Complexity Assessment Summary
(Insert the marks allocated for each of the four (yellow) summary assessments from Table B above)

Complexity Areas summary assessments	VL	L	M	H	VH
Strategic Profile (B1.1 – B1.4)			X		
Delivery Challenge (B2.1 – B2.10)		X			
Capacity and Capability (B3.1 – B3.4)	X				
Scale (B4.1 – B4.4)			X		
B5. Overall Complexity Assessment			X		

Explanatory Notes (Completion Mandatory)

Although there are two complexity areas assessed as being medium, with one at low and one at very low, it has been decided to assess the overall complexity as medium. This relates mainly to the fact that Outline Business Case approval is yet to be secured, and cannot be secured until a Full Planning Consent is in place.

[Note: assessment above to be used on Table C]

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Table C
Risk Potential Assessment

Plot overall summary assessments from Table A (line A6) and Table B (line B5) and mark with an **X** in grid below

Overall Consequential Impact Assessment (Table A summary)		Very Low	Low	Medium	High	Very High
	Very High				High Risk	
	High	Medium Risk				
	Medium			X		
	Low					
	Very Low			Low Risk		
		Very Low	**Low**	**Medium**	**High**	**Very High**

Overall Complexity Assessment
(Table B summary)

Now transfer the Risk Potential Assessment score from Table C to Box 14 on the cover sheet of this form.

Please send the fully completed and approved RPA to your Departmental Assurance Coordinator (or equivalent), who will pass it on to your organisation's Portfolio Manager (or equivalent) for validation.

Who arranges the review?
In central government the arrange and manage process for Starting Gate, OGC Gateway™ and Project Assessment Reviews is generally as follows:
Major Projects & High Risk Assurance Reviews: By the Major Projects Authority
Medium Risk Assurance Reviews: By Departments, under delegation from the MPA
Low Risk Assurance Reviews: By Departments, usually through consultation with their DAC/Centre of Excellence (or equivalent).

All RPAs indicating a requirement for Medium or High Risk reviews will be checked at the Assessment Meeting.

Scheduling and lead times:
When planning the following assurance reviews please assume the approximate lead times below.
These lead times are from the review's Assessment Meeting to the start date of the required review, **not from submission date of the RPA**.

Starting Gate: 6 - 8 weeks
OGC Gateway™:   10 - 12 weeks
Project Assessment Review: 10 - 12 weeks

Lead times may vary because of a number of factors, for further guidance contact your DAC.
Note: Failure to provide sufficient information in this RPA may delay the timing of your assurance review.

DAC submission of RPA:
Please delete the user guidance pages, and ensure the security classification is correct, before sending the completed RPA to gateway.helpdesk@cabinet-office.gsi.gov.uk

Risk Potential Assessment

Copyright

Further Information

If you have further questions about the use or completion of this RPA, please contact your organisation's Departmental Assurance Coordinator (or equivalent), or the Service Desk on 0845 000 499 or via: servicedesk@cabinet-office.gsi.gov.uk

This document is available from the Cabinet Office website at:
http://www.cabinetoffice.gov.uk/content/major-projects-authority

Further information about the Cabinet Office Major Projects Authority, and guidance for central government bodies on the requirements for integrated assurance and approvals is available online: http://www.cabinetoffice.gov.uk/content/major-projects-authority

Major Projects Authority
Cabinet Office
HM Treasury Building
1 Horse Guards Road
London SW1A 2HQ

http://www.cabinetoffice.gov.uk/government-efficiency